



Original communication

Misrepresentation of UK homicide characteristics in popular culture



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ABSTRACT

The homicide statistics of a popular UK television fictional crime series and the former Lothian & Borders police force region, Scotland were compared. This comparison was used to consider the implications for public attitudes which may influence the adoption of public health interventions to reduce homicide.

217 homicides were identified by 105 perpetrators in the television series 'Midsomer Murders' between 1997 and 2011; these were compared to 55 homicides by 53 perpetrators in the regional sample between 2006 and 2011. The numbers of serial killings ($p < 0.0001$), planned homicides, female perpetrators ($p < 0.0001$), shootings ($p = 0.0456$) and poisonings ($p = 0.0289$) were higher in the fictional sample. Lothian & Borders cases were almost all single killings, mostly unplanned, with a far greater rate of homicide by kitchen knives ($p < 0.0001$) and hitting/kicking ($p = 0.0005$) by intoxicated perpetrators.

Control of access to pointed kitchen knives by members of certain groups may reduce homicide rates. If the popular perception of UK homicides is influenced by popular culture, the importance of such a public health intervention may not be apparent.

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1. Introduction

The absolute rate of estimated homicides in the fictional English county of Midsomer is 32 per million.¹ This is only 2.4 times the rate in England and Wales² and 1.3 times the rate in Scotland.² One producer of the series acknowledges that the television portrayal of homicide could be "outrageous"³ and within the media, concern has been expressed that the public may be given a misleading impression of homicide from fictional detective dramas.⁴ If media stereotypes are distant from reality this may undermine public health measures aimed at reducing the rate and impact of violence.

By comparing the homicide characteristics of a fictional television drama with that of a UK region, the degree to which the fictional stereotype differs from reality can be gauged.

2. Methods

All homicides described in the television series *Midsomer Murders* between 1997 and 2011 were systematically analysed using a

previously developed tool⁵ to extract details of the method, homicide circumstances, and characteristics of the perpetrators and victims. A fictional homicide was defined as a death caused by the direct action of another person or persons, regardless of any intentionality on the part of the perpetrator. Deaths by neglect and those not actually shown were excluded.

The ages of perpetrators and victims were taken from information given in the programme or estimated by subtracting the actors' dates of birth from the broadcast year. The ages of victims and perpetrators between samples were compared using unpaired t-tests.

The definition of mental disorder in the Lothian & Borders cohort was taken from Kidd et al.⁶ where the criteria of Section 328 of the Mental Health (Care & Treatment) (Scotland) Act 2003 had to be met. Information about the mental health of perpetrators and victims in the fictional homicide group was more difficult to obtain. The viewer noted any references made to mental health and any specific diagnoses. However, the viewer also noted any cases where a diagnosis appeared apparent through the psychopathology displayed by the character (victim or perpetrator).

Homicide characteristics were then compared to a comprehensive cohort of homicides (including both murder and culpable homicide) collected in the Lothian & Borders region of Scotland

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between 2006 and 2011 as described by Kidd et al.⁶ and systematically analysed using the same technique. The equivalent case inclusion criteria were used for the Lothian cohort. χ^2 tests were used with Yates' correction and two-tailed p -values calculated. A significance level of $p < 0.05$ was considered significant. Where the parameters were violated, Fisher's Exact test was used.

3. Results

The fictional sample included 217 homicides; 26 of these (11.9%) were single; 52 (23.9%) victims were part of a double homicide; 99 (45.6%) triple and 40 (18.4%) quadruple. All but one of the Lothian & Borders homicides were single ($p < 0.0001$). As a proxy for planning, all double, triple and quadruple homicides were assumed to be planned, leaving 12% of homicides in the fictional sample potentially unplanned. This was much less than the Lothian & Borders sample (75% unplanned) but further statistical comparison was not possible due to the different definitions of what constituted planning.

Tables 1 and 2 summarise the demographic characteristics of perpetrators and victims in the two cohorts including the presence of mental disorder. Table 3 describes the method of homicide. The 24 "other" methods of homicide illustrated in the fictional sample included: pushed/pulled over an object (9); electrocution (4); decapitation (1); explosion (2); induced horse riding accidents (2); tumble dryer (1) and trebuchet (1).

A significantly greater proportion of the fictional homicide perpetrators were female than in the regional sample, though there was no difference in the gender distribution of victims. Guns were used at a significantly greater rate in the fictional sample than in the regional sample, and hitting/kicking as a method of homicide was less common. There was a significant difference in the rate of kitchen knife use between the fictional and the regional sample; this remained true even when knives whose identity could not be confirmed in the fictional sample were assumed to be kitchen knives ($p < 0.0001$). In the regional sample, 33 of the 53 perpetrators self-reported substance use in the four hours prior to the homicide. Observations of the fictional cohort gave some indication of alcohol consumption prior to homicide. There was evidence in eight of the homicides that both the victim and perpetrator had consumed some alcohol prior to the homicidal act, and in 31 of the homicides only the victim had consumed alcohol. There was no evidence of any illicit substance use in the fictional group.

4. Discussion

Crayford et al.⁷ suggest that for a television series to hold our attention there must be danger but ask whether the portrayal of death should be more realistic. The typical fictional homicide considered here is part of a planned series committed by a middle aged white man or woman who is not intoxicated, sometimes using a bizarre weapon. In contrast the homicides in the regional sample were almost all single, and were usually carried out by often intoxicated, younger men from a more diverse ethnic origin, in an

Table 1
Characteristics of homicide perpetrators.

	Regional	Fictional	p value
Total number perpetrators	53	105	
Percentage male	89%	57%	$p < 0.0001^*$
Percentage White British	85%	98%	$p = 0.0041^*$
Average age, and range	32 15–64	41 7–83	$p < 0.0001^*$
Presence of mental disorder	47.2%	11.4%	$p < 0.0001^*$

* Indicates significant p values.

Table 2
Characteristics of homicide victims.

	Regional	Fictional	p value
Total number victims	55	217	
Percentage male	78%	70%	$p = 0.3036$
Percentage White British	85%	98%	$p = 0.0002^*$
Average age, and range	35 4–74	52 20–91	$p < 0.0001^*$
Presence of mental disorder	Unknown	6%	n/a

* Indicates significant p values.

unplanned attack using a kitchen knife. They were also more likely to have a diagnosed mental disorder.

In 2011, the fictional series studied here attracted controversy for its lack of ethnic diversity.⁸ This has been partially addressed with the programme's first Asian suspect appearing in 2012. The fictional homicides show a high rate of female perpetrators and although some of the homicide methods were bizarre, most fell into recognised homicide methods. Unsurprisingly, there were no child victims or sexually motivated homicides in this pre-watershed family drama. A television series featuring the use of kitchen knives in single impulsive homicides is unlikely to hold the public's imagination but an unrealistic public appreciation of homicide may obscure potential prevention measures.

Homicide presents a significant financial cost, both to the public and to the families of individuals killed: these costs have been estimated in a New Zealand sample by Fanslow et al.⁹ The financial cost of homicide cannot be dramatised by television in the same way that the human cost can be. However, Fanslow and colleagues note that "we must continue to seek ways to effectively prevent violence".⁹ Their conclusion focuses on small financial investments in prevention to save much larger costs, both human and economic.⁹

In 2005, writing from an Emergency Medicine perspective, it was suggested the current design of kitchen knives could be adapted to make them less lethal¹⁰ and since then a knife has been developed which preserves culinary functional utility whilst impeding its use as a stabbing weapon.¹¹ From a position of attempting to decrease mortality through suicide, Large and Nielssen suggested that banning pointed kitchen knives would reduce self-stabbing as well as reducing harm to others.¹² If most UK homicides are impulsive, with perpetrators grabbing a convenient weapon to hand, simply impeding the access to a lethal weapon may reduce absolute homicide rates – in the same way that the change away from domestic coal gas and the restriction of paracetamol purchases has had an effect on suicide rates.¹³

Chapman et al.¹⁴ reported in 2006 that the gun control measures following a spree killing in Tasmania in 1996 resulted in rapid

Table 3
Homicide method (in rank order of frequency in regional sample).

	Regional	Fictional	p -Values
Total number of homicides	55	217	
Kitchen knife	58.2%	4.6%	$p < 0.0001^*$
Blunt instrument	10.9%	21.2%	$p = 0.12$
Hitting and kicking	10.9%	0.9%	$p = 0.0005^*$
Strangulation/asphyxiation	7.3%	12.4%	$p = 0.40$
Sharp object (not knife)	3.6%	10.6%	$p = 0.18$
Shooting	1.8%	12.0%	$p = 0.046^*$
Poisoning	0%	8.3%	$p = 0.03^*$
Knife unknown type	0%	8.3%	$p = 0.03^*$
Other knife (not kitchen)	0%	3.7%	$p = 0.37$
Drowning	0%	3.7%	$p = 0.37$
Fire	0%	3.2%	$p = 0.35$
Other	7.3%	11.1%	$p = 0.56$

* Indicates significant p values.

declines in Australian homicides and suicides over the subsequent decade. From the perspective of the UK, gun control is not controversial as a homicide reduction measure, but there has been little consideration of whether similar arguments could be applied to commonly used means of homicide in the UK. Hughes et al.¹¹ suggest that certain restrictions on pointed kitchen knives could have an impact on homicide patterns within specific UK groups, such as those on licence following a knife offence or mental health service-users with a history of knife related offences. These examples of public health interventions as a means of reducing homicide and violence appear commonsensical but, if the popular television portrayal of bizarre and complex pretexts to homicide is not contextualised then common sense may not prevail.

5. Limitations

Only one television series was used as the source of data for the fictional sample; it may be the case that sampling across a broader range of media sources may have given a more wide-ranging depiction of the types of homicide depicted in crime drama. The authors explicitly decided against this due to the clear difficulties in adequately sampling a representative selection of crime drama in a way that would not have significantly detracted from the overall aims of the study.

The authors are aware that they have taken a very crude estimation of mental disorder in the fictional group. The portrayal of mental disorder on television is often done with humorous overtones.¹⁵ The portrayal of homicide linked to a perpetrator who has a mental disorder is a very sensitive area and perhaps not one for a pre-watershed fictional drama. What is important however, is that information relating to mental disorder, as shown in television, is presented honestly and fully.¹⁶

With regard to the regional cohort, a number of limitations can be considered; these are outlined in detail by Kidd et al. (2013).⁶

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Conflict of interest

None.

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